



ADDRESS/NAME CHANGE REQUEST FORM

Date: _____

APPLICANT INFORMATION

1. Applicant's Name: _____

2. Phone Number: _____

3. Applicant is: ☐ Agent ☐ Owner ☐ General Contractor

PROJECT INFORMATION

4. Current Construction Project Number: _____

5. Current Name: _____

6. Current Address: _____

7. Is this a new address? ☐ YES ☐ NO

REQUEST INFORMATION

8. Please indicate the type of request:

☐ **Address Change**

Address requested: _____

☐ **Name Change**

Change of: ☐ Contractor ☐ Owner ☐ Occupant

Name requested: _____

Note: An authorization letter from the current permit holder is required (Please attach documentation)

9. Reason: _____

Note: Requests are reviewed on a case-by-case basis and may or may not be approved.

FOR OFFICE USE ONLY

☐ INTAKE ERROR

☐ FEE PAID

☐ NOT PAID

☐ 100 Screen Update

☐ 102 Screen Update

CSR INITIALS _____